## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	6-16-2014	Street:	Diamond St and Main St	
Incident #:	14ISPC004990	Apt, Lot, Ro	Apt, Lot, Room #:	
<b>County</b> :	Noble	City:	Kendallville, IN 46755	
Type of Laboratory Seizure (check one) Seizu		Seizure Location	zure Location (check all that apply)	
☐ Lab Seizure ☐ Chemical Seizure ☐ Equipment Seizure ☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
One Pot or Birch Reaction(s):  Red Phosphorous/Iodine Reaction(s):  Hydrochloric Acid Gas Generator(s):  Flammable Solvents:  Water Reactive Metal (Lithium):		☐ Corros ☐ Corros ☐ Ammo	<ul> <li>Anhydrous Ammonia:</li> <li>Corrosive Acid:</li> <li>Corrosive Base: vehicle</li> <li>Ammonium Nitrate/Sulfate: vehicle</li> <li>Other (item and location): salt</li> </ul>	
Child under age 18 discovered (check appropriate)				
No	(number present) not present but evidence they reside	unclea Estimated occurring:	length of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:	<u>Unknown</u> <u>1FMDK02W98GA27922</u> <u>2008</u>	Make: Model: Color:	Ford Taurus Blk	
This report has been faxed* or emailed to the following agencies that serve the location:				
Health Depar	ent: <u>Kendallville FD</u> tment County: <u>Noble</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: Em	Fax: Emailed Fax: Emailed s@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: S/Trp. Tim Myers Phone 260-432-8661				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.				